# JC20 Rec'd PCT/FTO 2 5 OCT 2005

## Application Data Sheet

Application Information

Application Type:: Regular Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None
Computer Readable Form (CRF):: No

Number of copies of CRF:: 0

Title:: PRODUCTION INSTALLATION

Attorney Docket Number:: 3502-1088

Request for Early No

Publication?::

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 8
Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::
Contract or Grant Numbers::

Secrecy Order in Parent No

Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FINLAND

Status:: Full Capacity

Given Name:: RAUNO

Middle Name::

Family Name:: KOIVUSAARI

Name Suffix::

City of Residence:: KANTVIK

State or Province of

Residence::

Country of Residence:: FINLAND

Street of Mailing SOTAROVASTINTIE 2

Address::

City of Mailing Address:: KANTVIK

State or Province of Mailing Address::

Country of Mailing Address:: FINLAND

Postal or Zip Code of Mailing Address:: 00370

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FINLAND

Status:: Full Capacity

Given Name:: YRJÖ

Middle Name::

Family Name:: TUOKKOLA

Name Suffix::

City of Residence:: HELSINKI

State or Province of

Residence::

Country of Residence:: FINLAND

Street of Mailing VIIKINTIE 3 B 38

Address::

City of Mailing Address:: HELSINKI

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Initial 10/25/05

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address:: 00560

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FINLAND

Full Capacity Given Name:: ARVO

Middle Name::

Status::

Family Name:: JÄRVINEN

Name Suffix::

City of Residence:: VANTAA

State or Province of

Residence::

Country of Residence:: FINLAND

Street of Mailing KOIVUMÄENTIE 13 F 2

Address::

City of Mailing Address:: VANTAA

State or Province of Mailing Address::

Country of Mailing Address:: FINLAND

Postal or Zip Code of Mailing Address:: 01230

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FINLAND

Status:: Full Capacity

Given Name:: **JOHN** 

Middle Name::

Family Name:: LILJELUND

Name Suffix::

City of Residence:: **ESPOO** 

State or Province of

Residence::

Country of Residence:: FINLAND

Street of Mailing SAMMALKALLIONTIE 6 F 128

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Initial 10/25/05

Address::

City of Mailing Address:: ESPOO

State or Province of Mailing Address::

Country of Mailing Address:: FINLAND

Postal or Zip Code of Mailing Address:: 02210

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FINLAND

Status:: Full Capacity

Given Name:: ANTTI

Middle Name::

Family Name:: HÖYDEN

Name Suffix::

City of Residence:: HELSINKI

State or Province of

Residence::

Country of Residence:: FINLAND

Street of Mailing KORKEAVUORENKATU 2 A B 19

Address::

City of Mailing Address:: HELSINKI

State or Province of Mailing Address::

Country of Mailing Address:: FINLAND

Postal or Zip Code of Mailing Address:: 00140

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FINLAND

Status:: Full Capacity

Given Name:: MATTI

Middle Name::

Family Name:: LAINEMA

Name Suffix::

City of Residence:: HELSINKI

State or Province of

Residence::

FINLAND

Street of Mailing SOTAROVASTINTIE 2

Address::

City of Mailing Address::

HELSINKI

State or Province of Mailing Address::

Country of Mailing Address:: FINLAND

Postal or Zip Code of Mailing Address:: 00370

## Correspondence Information

Correspondence Customer 00466

Number::

## Representative Information

Representative Customer	00466
Number::	

#### Domestic Priority Information

Application::	Continuity	Parent	Parent Filing
	Type::	Application::	Date::
This application	National Stage of	PCT/FI2004/000240	4/20/04

## Foreign Priority Information

Country::	Application	Filing Date::	Priority
	Number::		Claimed::
FINLAND	20030635	4/25/03	Yes

## Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::